PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approve for use into grant and a support of the sup

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/587,842			ing Date 28/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR NUMB				.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	or (q))	N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =					x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If	he difference in col	r "0" in coli		TOTAL	L	J	TOTAL						
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	10/21/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 10	Minus	 20		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 1	Minus	 3		= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus					x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
Γ							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highes Number Previously Park For IN THIS SPACE is less than 30, enter "20". If the "Highes Number Previously Park For IN THIS SPACE is less than 3, enter "20". If the "Highes Number Previously Park For IN THIS SPACE is less than 3, enter "3". If the "Highes Number Previously Park For IN THIS SPACE is less than 3, enter "3". If the "Highes Number Previously Park For IN THIS SPACE is less than 3, enter "3". If the "Highes Number Previously Park For I/ (Total or Indexendents is the highest number forural in the promoted by the interval of the promoted by the less than 100 to the IN THIS SPACE is less than 100 to the IN THIS SPACE is less than 100 to the "3".												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.